

MASSACHUSETTS STATE ETHICS COMMISSION
ONE ASHBURTON PLACE - RM 619
BOSTON MA 02108-1501
(617) 371-9500

Amendment To Question 16
RECEIVED
STATE ETHICS COMMISSION
2014 JUN 10 PM 1:16

STATEMENT OF FINANCIAL INTERESTS FOR CALENDAR YEAR 2007

Please provide the requested information. As required by G.L. c. 268B, the Financial Disclosure Law, you must answer all questions to the best of your knowledge. If your answer to any question is "none" or if any question is not applicable to you, check "Not Applicable". If extra space is needed to complete a response, attach additional pages, clearly noting to which question the information relates.

1: Reporting Data

Person Reporting:	Deval L. Patrick
Address:	
City:	
State:	
Zip:	
Office Phone:	617-725-4000
Fax Number:	
Email:	jamie.hoag@state.ma.us
Name of spouse residing in your household:	<input type="checkbox"/> Not Applicable
Name of dependent child(ren) residing in your household:	<input checked="" type="checkbox"/> Not Applicable

2: Candidate: I am a candidate for the following office:

Office:	
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3: Positions Held

This question indicates the reason you are required to file a Statement of Financial Interests and must be completed. If you were recently appointed, you must also complete this question. Identify each position you held or hold as an ELECTED PUBLIC OFFICIAL or DESIGNATED PUBLIC EMPLOYEE and report AMOUNT OF INCOME derived from each position in 2007. If you did not earn any income in this position in 2007, complete the question but check the Income Not Applicable box. For AMOUNT categories see Instructions page 6.

Agency in which you serve(d):	Governor's Office
Your Position:	Governor
Start Date:	January 4, 2007 - present
End Date if applicable:	
Amount of Income Earned in 2007:	\$100,000 or more <input type="checkbox"/> Income Not Applicable for 2007

14: Creation of Business and Charitable Trusts

Each of the following Questions (14-21) is concerned with a specific aspect of the interests held by you or an IMMEDIATE FAMILY MEMBER in a TRUST as of December 31, 2007. Please respond to each Question, including those which do not apply (by checking not applicable). Please review the instructions which detail what should be disclosed.

☐ Not Applicable

Name of Trust:	
Address:	
Date Trust Created:	
Name of Grantor(s):	
Trustee(s):	
Beneficiaries:	
Percent of Equity Owned (Filer Only):	
Income (Filer Only):	

15: Business and Charitable Trust Holdings

Respond to this question only if you or an IMMEDIATE FAMILY MEMBER has a beneficial interest. Please disclose the creation of any trust(s) in Question 14 and then disclose the holdings in this Question.

☐ Not Applicable

Name of Trust:	
Name of Issuer:	
Description of Security:	
Real Estate Holding(s):	

16: Family Trusts

Report all securities and other investments with a fair market value in excess of \$1,000 held in the TRUST(S) and beneficially owned by you and/or IMMEDIATE FAMILY MEMBERS as of December 31, 2007.

☐ Not Applicable

Beneficiaries (Filer or Immediate Family Members Only):	Filer and spouse
Name of Issuer:	
Description of Security:	Blind trust
Real Estate Holding(s):	

17: Creation of Realty Trusts

If you or an IMMEDIATE FAMILY MEMBER have a beneficial ownership INTEREST or serve as a trustee in a REALTY TRUST, you need to answer this question.

☐ Not Applicable

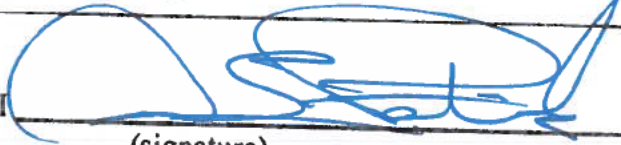
Name of Trust:	
Address:	
Date Trust Created:	
Name of Grantor(s):	
Trustee(s):	
Beneficiaries (Filer or Immediate Family Members Only):	
Percent of Equity Owned (Filer Only):	

29: Debts Forgiven

Identify each creditor who during 2007 forgave an indebtedness in excess of \$1,000 owed by you or an IMMEDIATE FAMILY MEMBER. Certain loans are excluded. EXCLUDE: Any forgiven indebtedness less than \$1,000; debts forgiven by a spouse, a CLOSE RELATIVE, or the spouse of a CLOSE RELATIVE.

Creditor Name:	<input type="checkbox"/> Not Applicable
Address:	
Amount Forgiven (Filer Only):	

30: Certification

 (signature)	certify that:
<ul style="list-style-type: none">• I made a reasonably diligent effort to obtain reportable information concerning myself and IMMEDIATE FAMILY MEMBER(S); and• The information contained on this form is true and complete, to the best of my knowledge.	
Submitted under the pains and penalties of perjury <u>6/10/2014</u> (date)	

The following Immediate Family Members declined to disclose information which is necessary to complete this Statement fully and accurately:

The following are the specific Question(s) for which answers were declined by each Immediate Family Member:

IMPORTANT:

1. Faxed SFIs can not be accepted.
2. If you are filing manually, you must submit the original plus 2 copies and a self-addressed stamped envelope. The Commission will date stamp and return 1 copy to you as proof of filing.
3. If you filed manually, please check to see that you answered every question. Remember, if a question is not applicable or the answer is "none", you must check the not applicable box.

If you were required to amend your SFI last year, we encourage you to carefully review your 2007 SFI before submitting it to the Commission.

